

THE MENNA LAW FIRM

3173 Biddle Avenue
Wyandotte, Michigan 48192
(734) 281-1705
Email: JMenna@mennalawfirm.com
Website: www.mennalawfirm.com

***** CONFIDENTIAL *****

DIVORCE QUESTIONNAIRE w/ NO CHILDREN

TODAY'S DATE: _____

I. PLEASE ANSWER THESE QUESTIONS ABOUT YOURSELF:

Name: First/Middle/Last _____

Birth date/Birth place (State) _____

Mailing Address _____

Home Telephone Number _____

Home Address (if different) _____

Social Security Number _____

City/State/Zip _____

Driver License Number and State _____

Eye color _____ Hair color _____ Height _____ Weight _____ Race _____

Cell Telephone Number _____

Scars/Tattoos/Glasses/etc. _____

E-Mail Address _____

Other names by which you are or have been known: _____

Resident of _____ (County) for _____ (Years) and of the State of Michigan for _____ (Years)

Employer _____ How long? _____

Work address: _____ Hours _____ Phone _____

Are you able to work? Yes ___ No ___ Occupation _____ Hourly rate? _____

Pay Period (Weekly/Bi-weekly/Monthly—circle one): Gross \$ _____ Net \$ _____

How much did you earn last year (W-2/1099): _____

Do you typically work overtime? Yes ___ No ___ If so, how often and how many hours: _____

Do you make tips/bonuses/commissions? Yes ___ No ___ If so, how much/when paid? _____

Please describe your TYPICAL work schedule over a two-week period of time (include days and times): _____

Did you graduate from high school? Yes ___ No ___ If so, from where and what year? _____

Did you attend college? Yes ___ No ___ If yes:

College _____ Degree: _____ Years attended: _____

College _____ Degree: _____ Years attended: _____

College _____ Degree: _____ Years attended: _____

Please list any trade or other schooling received (incl. year attended): _____

Did you attend any of the above during the marriage? Yes ___ No ___

Do you receive any of the following (please check all that apply):

Social Security ___ How much per month? _____

Social Security Disability ___ How much per month? _____

Medicare/Medicaid _____

Food stamps _____

Unemployment ___ How much per week? _____

Worker's Compensation ___ From who? _____ How much _____ per week/month

Retirement/pension ___ From who? _____ How much _____ per week/month

Other benefits ___ From who? _____ How much _____ per week/month

II. PLEASE ANSWER THESE QUESTIONS ABOUT YOUR SPOUSE:

Name: First/Middle/Last _____

Birth date/Birth place (State) _____

Mailing Address _____

Home Telephone Number _____

Home Address (if different) _____

Social Security Number _____

City/State/Zip _____

Driver License Number and State _____

Eye color ___ Hair color ___ Height ___ Weight ___ Race ___

Cell Telephone Number _____

Scars/Tattoos/Glasses/etc. _____

E-Mail Address _____

Other names by which your spouse does or has been known: _____

Resident of _____ (County) for _____ (Years) and of the State of Michigan for _____ (Years)

Employer _____ How long? _____

Work address: _____ Hours _____ Phone _____

Is your spouse able to work? Yes ___ No ___ Occupation _____ Okay to call your spouse at work? Yes ___ No ___

Pay Period (Weekly/Bi-weekly/Monthly—circle one): Gross \$ _____ Net \$ _____

Does your spouse typically work overtime? Yes ___ No ___ If so, how often and how many hours: _____

Does your spouse make tips/bonuses/commissions? Yes ___ No ___ If so, how much? _____

How much did your spouse earn last year (W-2/1099): _____

Do your spouse typically work overtime? Yes ___ No ___ If so, how often and how many hours: _____

Do your spouse make tips/bonuses/commissions? Yes ___ No ___ If so, how much/when paid? _____

Please describe your spouse's TYPICAL work schedule over a two week period of time (include days and times): _____

Did your spouse graduate from high school? Yes ___ No ___ If so, from where and what year? _____

Did you attend college? Yes ___ No ___ If yes:

College _____ Degree: _____ Years attended: _____

College _____ Degree: _____ Years attended: _____

College _____ Degree: _____ Years attended: _____

Please list any trade or other schooling received (incl. year attended): _____

Did your spouse attend any of the above during the marriage? Yes ___ No ___

Does your spouse receive any of the following (please check all that apply):

Social Security ___ How much per month? _____

Social Security Disability ___ How much per month? _____

Medicare/Medicaid ___ _____

Food stamps ___ _____

Unemployment ___ How much per week? _____

Worker's Compensation ___ From who? _____ How much _____ per week/month

Retirement/pension ___ From who? _____ How much _____ per week/month

Other benefits ___ From who? _____ How much _____ per week/month

PLEASE PROVIDE A COPY OF YOUR LAST PAY STUB FOR A 40-HOUR WEEK AND MOST RECENT FEDERAL INCOME TAX RETURN(S) (FOR BOTH PARTIES)

III. PLEASE ANSWER THESE QUESTIONS CONCERNING YOUR MARRIAGE:

Are you interested in marriage counseling? Yes ___ No ___ Is your spouse interested? Yes ___ No ___

Have you already participated in marriage counseling? Yes ___ No ___ Are you still in counseling? Yes ___ No ___

Date of Marriage: _____ Married by: Judge/Minister/Justice of the Peace/Priest/Rabbi (Circle one)

Married at: _____ (City/State/County)

Date of Separation: _____ (if already separated) Have you previously separated and gotten back together? Yes ___ No ___
When? _____

Have either of you filed for divorce from each other? Yes ___ No ___ If yes, who filed? _____ When? ___/___/___/
_____ Month _____ Year _____ County _____ State

Wife's maiden name: _____, and/or previous name _____

Seeking Maiden Name Restored: Yes ___ No ___ Seeking New Name? Yes ___ No ___ What? _____

Wife's last name before this marriage: _____

Have you or your spouse ever been married before? Yes ___ No ___ If yes, did the marriage(s) end by divorce or death?

You: 1st marriage ___/what year ___/how ended ___
2nd marriage ___/what year ___/how ended ___
Spouse: 1st marriage ___/what year ___/how ended ___
2nd marriage ___/what year ___/how ended ___

Is wife pregnant now? Yes ___ No ___ Due When? _____ If yes, is this child of this marriage? Yes ___ No ___

If not, the father's name/address and details: _____

Has your spouse ever physically or emotionally abused you/child(ren)? Yes ___ No ___ If yes, please give details of such abuse and the dates this abuse occurred. (Use back of this form for additional space) _____

Have you or your spouse ever been involved in any extra-marital relationships? Yes ___ No ___ Please explain. _____

Have you or your spouse ever had a problem with alcohol/marijuana/cocaine/other drugs? Yes ___ No ___ Please explain. _____

Have you or your spouse ever been accused or convicted of any crime(s)? Yes ___ No ___ Please explain giving dates and nature of crime(s). _____

IV. HEALTH CARE COVERAGE

A. please provide the following about your health insurance, including any State provided insurance:

Medical:

Monthly premium \$ _____ Paid by whom? You ___ Spouse ___
Insurance Company _____ Contract No. _____
Group Number _____

Dental:

Monthly premium \$ _____ Paid by whom? You ___ Spouse ___
Insurance Company _____ Contract No. _____
Group Number _____

Optical:

Monthly premium \$ _____ Paid by whom? You ___ Spouse ___
Insurance Company _____ Contract No. _____
Group Number _____

B. Is your insurance employer provided or State assistance: Employer Provided ___ State Provided ___

V. PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR PROPERTY:

A. Have you or your spouse been involved in a Bankruptcy within the past five (5) years? Yes ___ No ___ Do you and/or your spouse plan to file? Yes ___ No ___

B. Are you and/or your spouse owners of (or buying) Real Estate? Yes ___ No ___ If yes, for each piece of Real Estate give:

(1) (Marital Residence) (attach copy of deed/land contract)

1. Full address: _____
2. Name(s) of Purchaser(s): _____
3. Date Purchased: _____ Land contract: ___ Mortgage: _____
4. Purchase price: \$ _____
5. Date and Appraisal value (if any): _____ \$ _____
6. Approximate value of capital improvements: \$ _____
7. Present (or assessed) Fair Market Value: \$ _____
8. SEV (State Equalized Value): \$ _____
9. Balance owed: \$ _____
10. Monthly house payment: \$ _____
11. Mortgage Company name and address: _____
12. Loan Number: _____
13. Are there any second loans (home equity, etc)? Yes ___ No ___
14. Lender Name and address: _____
15. Loan Number: _____
16. Amount of loan: _____ Monthly Payment: _____
17. House Description: Bedrooms ___ Bathrooms ___ Living Room? ___ Family Room? ___
Basement? ___ If yes, full or half? _____ Finished? ___ Garage ___ Attached? ___
Lot size _____ Style (ranch, colonial, quad, etc.) _____
Year built: _____ Please describe any special features of home: _____

(2) (Other Property) (attach copy of deed/land contract)

1. Full address: _____
2. Name(s) of Purchaser(s): _____
3. Date Purchased: _____ Land contract: ___ Mortgage: _____
4. Purchase price: \$ _____
5. Date and Appraisal value (if any): _____ \$ _____

6. Approximate value of capital improvements: \$ _____
7. Present (or assessed) Fair Market Value: \$ _____
8. SEV (State Equalized Value): \$ _____
9. Balance owed: \$ _____
10. Monthly house payment: \$ _____
11. Mortgage Company name and address: _____
12. Loan Number: _____
13. Are there any second loans (home equity, etc)? Yes ___ No ___
14. Lender Name and address: _____
15. Loan Number: _____
16. Amount of loan: _____ Monthly Payment: _____
17. House Description: Bedrooms ___ Bathrooms ___ Living Room? ___ Family Room? ___
Basement? ___ If yes, full or half? _____ Finished? ___ Garage ___ Attached? ___
Lot size _____ Style (ranch, colonial, quad, etc.) _____
Year built: _____ Please describe any special features of home: _____

(If you or your spouse have additional real estate, please attach a separate sheet at the end of this Questionnaire and answer questions B.1. through B.10. for the additional property).

C. Are you or your spouse owners of any vehicles (autos/motorcycles/motor homes/boats)? Yes _____ No ___

	FIRST VEHICLE	SECOND VEHICLE	THIRD VEHICLE
DESCRIPTION (Make/model/year)			
COLOR			
SPECIAL FEATURES (Wheels, stereo, sunroof, etc.)			
VEHICLE ID#			
NAME(S) ON TITLE			
PRESENT VALUE			
AMOUNT OWED			
MONTHLY PAYMENT			
TO WHOM OWED			
MILEAGE ON VEHICLE			
WHO NORMALLY DRIVES VEHICLE			
WHO HAS POSSESSION			

(If you or your spouse have additional vehicles, attach separate sheet at end of the Questionnaire and answer above

questions for each additional vehicle).

D. Do you or your spouse have any other property? Yes ___ No ___ If so, please tell us what the property is and how you want property divided:

1.

BANK/CREDIT UNION	TYPE	AMOUNT	YOURS/SPOUSE/JOINT

2.

NAME OF STOCKS/BONDS	AMOUNT	TO CLIENT	TO SPOUSE

3. Other valuables (such as collections/jewelry/tools/guns/sports equipment. If more space is needed, please use back).

DESCRIBE ITEM	VALUE	TO CLIENT	TO SPOUSE

4. Please tell us how you want household furniture, other items divided:

- a. Each gets one-half: Yes ___ No ___
- b. Client gets all: Yes ___ No ___
- c. Spouse gets all: Yes ___ No ___
- d. Approximate total worth of household items: \$ _____
- e. Other division: _____

5. Life Insurance Policies:

- a. I have term policy at my employment. Yes ___ No ___
- b. Spouse has term policy at his/her employment. Yes ___ No ___
- c. I or my spouse have whole life or other policy(s) with cash surrender value(s): Yes ___ No ___

If you checked yes, give:

NAME OF INSURED	NAME POLICE OWNER	INS. CO. & ADDRESS	CASH VALUE

6. Pension:

- a. I have a pension at my employment Yes ___ No ___
- b. My spouse has a pension at his/her employment Yes ___ No ___

CLIENT PENSION (DEFINED BENEFIT/401K/DEFERRED COMPENSATION):

COMPANY NAME/ ADDRESS	ACCOUNT NO.	TYPE	AMOUNT	PAYMENTS AT MATURITY	DATE STARTED	AGE ELIGIBILITY

SPOUSE PENSION (DEFINED BENEFIT/401K/DEFERRED COMPENSATION):

COMPANY NAME/ ADDRESS	ACCOUNT NO.	TYPE	AMOUNT	PAYMENTS AT MATURITY	DATE STARTED	AGE ELIGIBILITY

OTHER INVESTMENT ACCOUNTS:

COMPANY NAME/ ADDRESS	ACCOUNT NO.	TYPE	AMOUNT	PAYMENTS AT MATURITY	DATE STARTED	AGE ELIGIBILITY

7. I or my spouse have a military pension. Yes ___ No ___

8. Business Interests:

a. I or my spouse are involved in a business or partnership. Yes ___ No ___

b. I or my spouse acquired a professional degree during our marriage. Yes ___ No ___

E. PLEASE list all debts and loans owed by you or your spouse, including mortgages/credit cards/auto loans/personal loans/etc. and attach copy of most recent statement(s):

CREDITOR Name/Address	ACCOUNT NUMBER	ITEM/SVC. PURCHASED	WHO IS RESPONSIBLE TO PAY?	APPROX. BALANCE TODAY	(✓) IF JOINT DEBT

F. Please tell us about any pending lawsuits/garnishments or Judgments against you or your spouse:

NAME OF SUIT/JUDGMENT	COURT NAME	CASE #	AMOUNT OWED
<u>Vs.</u>			
<u>Vs.</u>			
<u>Vs.</u>			

Do you or your spouse have any lawsuits pending against anyone? Yes ___ No ___ If yes Please explain:

Have you or your spouse ever talked to or hired an attorney before? Yes ___ No ___ If yes, please name the attorney and the reason for consultation: _____

VI. HAVE EITHER OF YOU APPLIED FOR ANY LOANS/LINES OF CREDIT, MORTGAGES/ETC. WITHIN THE LAST 10 YEARS? YES NO
(IF YES, PLEASE LIST THE DATES/PLACES/ AMOUNTS)

DATE	PLACE	AMOUNT	REASON FOR LOAN

IF YOU ARE ABLE TO, PLEASE REMEMBER TO BRING WITH YOU FOR YOUR INTERVIEW, YOUR LAND CONTRACT(S), MORTGAGE(S), DEED(S), CLOSING STATEMENT(S), VEHICLE TITLE(S), LOAN APPLICATION(S), CHARGE ACCOUNT STATEMENT(S), YOUR MOST RECENT TAX RETURN(S). IF YOU HAVE ACCESS AND ARE ABLE TO MAKE YOUR OWN COPIES AHEAD OF TIME IT WILL SAVE YOU PHOTOCOPYING COSTS AND TIME. These documents are helpful to us in obtaining necessary information, however, we realize it may be difficult or impossible for you to provide them.

You must provide us with *all* of the following information *which is required* for the Friend of the Court (if you do not know the answer, it is your responsibility to obtain it and provide us with the details):

OTHER CHILDREN OF EITHER PARTY:

1. Name: _____
 Birth Date: _____
 Age: _____
 Social Security #: _____
 Residential Address: _____

2. Name: _____
 Birth Date: _____
 Age: _____
 Social Security #: _____
 Residential Address: _____

FOR ATTORNEY USE ONLY

Date of initial client interview: _____

NOTES: _____

Hourly Rate: _____ Retainer: _____

Agreement signed: _____ Significant dates to be recorded: _____

Results: _____

Guidelines amounts: Him ____ Her ____ Recommendation _____

PLEADINGS REQUESTED:

- _____ Summons
- _____ Complaint for Divorce
- _____ Answer and Counter-Complaint
- _____ Stipulation/Order for Temporary Support & Custody
- _____ Mutual Preliminary Injunctive Order
- _____ Affidavit of Indigence
- _____ Record of Divorce
- _____ FOC Statement
- _____ Motion _____
- _____ Interrogatories _____

NOTES: _____

